

FAMILY BASED SAFETY PLAN

Case Name: _____ Case #: _____ Event #: _____

Section I

Date Completed _____ / _____ / _____ Time Completed _____ : _____ am _____ pm

Social worker assigned to the event _____

Section II

FACTORS TO CONSIDER	
Harm to child caused by removal from home	Child's behavior
Severity of situation	Family isolation
Child's or others' ability to protect child	Family's ability to participate in plan
Alleged perpetrator's access to child	Medical needs of child(ren)

Section III

SAFETY PLAN
Begin Date: _____ / _____ / _____ End Date: _____ / _____ / _____
GOALS:
ACTION NEEDED TO MEET GOALS: (Who, what, when--be specific)
CONSEQUENCES OF NOT COMPLETING THE SAFETY PLAN

Section IV

SIGNATURES (All participating individuals are to sign this plan and the family is to retain a copy)

Parent/Caregiver Signatures _____	Other Participants _____
Children's Signatures _____	_____

